Prostate Cancer Screening: Patient Issues with Informed Decision Making & Shared Decision Making

Most U.S. medical organizations recommend that health care providers use informed decision making (IDM) when deciding whether to screen average-risk men for prostate cancer because of the uncertainties about the benefits and limitations of prostate cancer screening. IDM includes informing patients of the pros and cons of prostate screening, individualizing the decision to screen, and considering the patient's preferences.[1] This is a fairly recent development in patient-doctor relations compared to the traditional "paternalistic" approach in which the doctor makes the decisions for the patient. This traditional approach was the predominant approach to decision making in the medical world up until recently.[2] The move toward more shared decision making (SDM) between the health professional and the patient has produced challenges for both physicians and patients. In this report we will discuss patient issues with IDM and SDM.

Patients' Prostate Cancer Knowledge

To be able to make an informed decision on whether to be screened for prostate cancer, men obviously need to know about the issues surrounding prostate screening. Some of these issues are the effectiveness of screening in detecting cancer, the possibility that prostate cancer may be slow-growing or aggressive, and the efficacy and side effects of treatment for prostate cancer. A study found that most men do not know the essential facts about prostate screening with the prostate specific antigen (PSA) test.[3] Why is this? One reason for this low knowledge could be a lack of clear and helpful information in popular media. A review of popular magazines showed that only 28% of the in-depth articles provided information that would be sufficient for making an informed decision about prostate cancer screening.[4]

The patient's relationship with his doctor is also associated with knowledge of prostate cancer screening. The doctor's ability to communicate with the patient in a culturally appropriate and effective manner, and whether the doctor has enough time with the patient to impart crucial information concerning prostate cancer screening, are both associated with the patients' knowledge. In addition, differing opinions exist over prostate cancer screening within the medical community, so the doctor's opinion on the issue may actually bias the patient in his decision-making.[5] That is, physicians' presentation of the issues may reflect their own opinions and preferences rather than being neutral.

Decision Aids

Decision aids are the most utilized method of increasing prostate cancer knowledge and have been shown to have an effect on screening behavior and knowledge about prostate cancer screening.[2,6] Although there are various types of decision aids in use such as written forms, oral forms, CD-ROMs, web-sites, and videotapes, the written form is the most commonly used decision aid at this time.[7] Several issues are associated with decision aids that can impact their effectiveness. These issues include the cultural and literacy appropriateness of the materials, the accuracy of the materials, the completeness of the materials, and the biases of the materials. Some researchers have developed tools to assess education materials in each of these areas to

make sure the materials do what they claim to do, provide correct information, and give the information in a way that is appropriate for the target audience.[7]

Cultural and Literacy Appropriateness. Refers to making sure the materials created are both respectful of the culture of the specific target population and written at a literacy level that is understandable for them. This requires a thorough understanding of the audience for which the decision aid is designed. To ensure that the materials are appropriate they should be assessed for each of these criteria specific to the population before distributing them. [3,7]

Accuracy and Completeness. Refers to providing information that is correct and includes all the critical facts necessary for understanding prostate cancer screening. One study found that most available prostate cancer education materials were inaccurate and/or incomplete.[7]

Biases. As mentioned earlier, the doctor can bias the patient toward or against screening and decision aids have the potential to do the same. Thus it is very important that the decision aids give information in a neutral and objective manner.

Patient Preferences and Values

Patient preferences and values are very important to the decision making process and must be understood to help the patient make an informed decision.[8] An example of how personal beliefs and preferences of a patient affect the decision making process is the desired level of control in the decision making process. One study found that about one-fourth of the patients undergoing prostate cancer screening were uncomfortable with the amount of control they had over the decision to be screened.[9] These patients wanted their physicians to play a more active role in making the screening decision. Other patients prefer a truly shared decision with the physician, and still others prefer to make the screening decision themselves. This is why knowing the patient and discussing what role they wish to play in making this decision is very necessary.

Patients also have different values about the risks and benefits associated with prostate cancer screening. Some feel that cancer screening is important and, while acknowledging the shortcomings of the PSA test, feel that the knowledge gained from the test is much more important than the risk of being diagnosed and treated for a cancer which may or may not be aggressive. Other men hear the same information and decide that they prefer not to get screened. IDM researchers think of this step as clarifying the patient's values: are the benefits of screening more important to the patient than the potential risks?[10]

High Risk Groups

The discussion of the informed decision making process becomes challenging when searching for the best possible outcomes for populations that have particularly high mortality rates for prostate cancer. African American men not only have the highest incidence of prostate cancer in the United States but also can be younger at presentation than any other ethic group. Thus it is difficult to ascertain whether IDM should be used universally considering the unique situation of African American men. There is controversy in the medical field over whether routine screening for high risk groups would be more beneficial than IDM. According to the U.S. Preventive

Services Task Force, if evidence arises that early detection of prostate cancer improves health outcomes, men at increased risk for prostate cancer (due to family history or race) will be most likely to benefit from screening.[1]

Discussion

This report has shown that there are many factors that affect a man's decision to be screened and there is no standard for how and why a man decides to be screened or not. This can be seen in a study that found that there was no definitive part of the decision aid used that influences men's decision to get screened for prostate cancer.[11] Decision aids may be the most popular form used to facilitate IDM and SDM but it is important to keep in mind the values, the cultural background, and individual preferences of the patient to help him decide the best thing for him to do.

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